	PAI EN I	Effec	tive Octol			ION RECU	JNL	'	1	07	12	189	2
		CLAIMS A	S FILED (Column			umn 2)	_	SMALL TYPE			OR	OTHE	R THAN ENTITY
T	OTAL CLAIMS	3	2-7				}	PATE		EE	1	RATE	FEE
F)R		NUMBER FILED .		NUMBER EXTRA			BASIC F	EE 38	5.00	l _{OB}	BASIC FEE	770.00
T	TAL CHARGE	ABLE CLAIMS	> 7 minus 20=		. 7		1	X\$ 9=			OR	2000	
NDEPENDENT CLAIMS			7 minus 3 =		•		ŀ	X43=	-		1	Yes	
MULTIPLE DEPENDENT CLAIM PRESENT								A405	+-	-	OR	A00=	
	the difference in column 1 is less than zero, enter "0" in column 2												
6						्र ाधाता २		TOTAL	· L		OR	TOTAL	& Yb
	, C	LAIMS AS A (Column 1)	MENDE	PAR' - Colun	- ••	(Column 3)	ı.	SMALI	LENT	ΙΤΥ	OR	OTHER	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	EST BER USLY	PRESENT EXTRA		RATE	AD	DI- NAL		RATE	ADDI- TIONAL FEE
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<u>د</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-,	+		OR		
	12-21-06						ı	+145=	1_		OR	+290=	
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.]	•	CLAIMS		HIGHE	ST	ì	ſ		LADE	31.	E		ADDI
		REMAINING AFTER AMENDMENT		PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	TION	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-	~~~	 	'	OR		
H	the entry in colum	nn 1 is less than the	activ in each	na 2 wella 1	n' in	umn 3	L	+145=)R	+290=	·
, II	the "Highest Nun	nber Previously Pal	d For IN THIS	SPACE IS	ess than	20. enter "20."	A	TOTAL DOTT. FEE		_]	OR A	TOTAL ODIT. FEE	
	he "Highest Num	nber Pr viousty Paid ber Previously Paid	For (Total or	independen	t) is the	i 3, enter "3." highest number	foun	d in the ap	propriat	e bax			

Application or Docket Number